

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In Re:  
MaryAnn Wallace

Case No.: 22-16445

Judge: SLM

Chapter: 13

**CERTIFICATION IN SUPPORT OF DISCHARGE**

I, MaryAnn Wallace, debtor in the above captioned case request the Court issue a discharge on my behalf. As such I hereby certify as follows:

1. All payments required to be made by me to the standing trustee under my plan have been made and are paid in full.
2. ☒ I am not required to pay domestic support obligations, or  
☐ I am required to pay domestic support obligations, and have paid all amounts payable under court order or statute that were due on or before the date of this certification, or  
☐ I am required to pay domestic support obligations, but have not paid all amounts due pursuant to court order or statute as of the date of this certification.

3. My current address is: 91 Hibernia Rd.  
Rockaway, NJ 07866

4. The name and address of my current employer is (enter NONE if not currently employed):

Amplify Health  
2080 Cabot Blvd W. #100  
Langhorne, PA 19047

I certify under penalty of perjury that the foregoing is true and correct.

Date: 8-26-24

MaryAnn Wallace  
Debtor's Signature

**NOTE: Each debtor in a joint case must file separate Certifications in Support of Discharge.**